

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

JOHN N. FAY

Serial No.: 09/352,107

Filed: 07/14/1999

For: **PROSTHETIC LINER HAVING
LONGITUDINAL INELASTICITY (as
amended)**Art Unit: 3738
Examiner: Willse, D.Box Non-Fee Amendment
Hon. Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING

(37 C.F.R. 1.8)

I HEREBY CERTIFY that this Amendment A is being deposited with the United States Postal Service by first class mail in an envelope addressed to: Box Non-Fee Amendment, Hon. Commissioner for Patents, Washington, D.C. 20231 on September 20, 2000.

Dated: September 20, 2000

Deborah Preza

RECEIVED

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TECHNOLOGY CENTER 3700

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

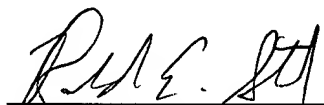
	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	17	Minus	20	= 0	x \$9 =	\$0
Indep.	3	Minus	3	= 0	x \$39 =	\$0
First Presentation of Multiple Dependent Claim					+ \$130 =	\$0
Total						Addit. Fee \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.
 If any additional fee for claims is required, charge Deposit Account No. 500745.



 SIGNATURE OF PRACTITIONER

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